DR 8496 (12/28/21) COLORADO DEPARTMENT OF REVENUE

Liquor Enforcement Division PO Box 17087 Denver CO 80217-0087 Fax (303) 205-2341 Phone (303) 205-2300

Fees Due	
Initial Application Fee	\$11.00
Renewal Fee	\$11.00

Takeout and Delivery Permit Application & Renewal (On-Premises Applicants Only)

☐ Initial Application	mood Apphount	Renewal		
Corporate Business Name	Trade Name (DBA)		uor License Number	
Corporate Basillose Name	Trade Hame (BB/I)		dor Electrico Hamber	
Physical Address of Premises		Su	ite/Unit Number	
City	County	State ZIF	^o Code	
Mailing Address (if different than Physical Address) Suit		ite/Unit Number		
City		State ZIF	^o Code	
Business Phone Number	Business Email A	ddress		
1. You certify that the delivery of alcohol bevera (21) years of age or older at the address spe		a person TWENTY-ONE	Yes No	
2. You certify that the delivery must be made by the licensee or the licensee's employee who is at least TWENTY-ONE (21) years of age and is using a vehicle owned or leased by the licensee to make the delivery.				
3. You certify that the licensee's employee who delivers the alcohol beverages shall note and log at the time of delivery, the name and date of birth of the person the alcohol beverages are delivered to. Under no circumstances shall a person under TWENTY-ONE (21) years of age be permitted to receive a delivery of alcohol beverages.				
4. You understand that a licensee must derive revenues from sales of alcohol beverages th		ercent of its gross annual	Yes No	
5. Are you using a third party's ordering softwar	re to take orders?		☐ Yes ☐ No	
If you answered "Yes" to question number five (ordering service and the licensee. Note - While a third party's ordering softward licensee or the licensee's employee using a	e may be used, physical	delivery can only be a		
6. Have you verified with your local licensing au and delivery?	uthority that no local permit	s are required for takeou	t Yes No	
7. Are you the applicant or an authorized agent	of the business?		☐ Yes ☐ No	
declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Liquor or Beer Code which affect my license.				
Name of the applicant or an authorized agent of the business	Title of the applica	ant or an authorized agent of th	e business	
Signature	1	Date		
Payment (Please s	submit Payment in one of the	ne following ways):		

Via mail with your application P.O. Box 17087

Denver, CO 80217-0087

Via email to:

DOR_liqlicensing@state.co.us

An email will be sent to you with directions on how to make a payment via our online payment portal.